



URBAN AGRICULTURE INCENTIVE ZONE APPLICATION

Contact Information

Applicant Type, check all that apply:

☐ Property Owner ☐ Agricultural Tenant ☐ Community Organization

Applicant/Primary Contact Name _____

Mailing Address: _____ Zip _____

Email Address: _____

Telephone Number: _____ ☐ Office / ☐ Mobile number: _____

Property Information

Property Owner Name as it appears on Deed/Title Documents: _____

Property Address: _____ Zip Code _____

Cross Streets: _____

APN: _____ Zoning: _____ Lot Dimensions (FT): _____ Lot Area (SQFT): _____

Council District: _____ Community Planning Area: _____

Preliminary Requirements

Please check all items that apply to subject parcel.

- ☐ Currently in existing agricultural use zone
- ☐ Meets Municipal Code requirements for urban agricultural use (i.e. community garden)
- ☐ On-site water meter or ☐ irrigation plan (attach)
- ☐ Existing non-agriculture structures

Please describe plans for removal: _____

☐ Requires discretionary permits

Urban Agriculture Plan

Proposed urban agriculture uses: _____

Please check all items that apply to the proposed project.

- ☐ Cultivation and tillage of soil
- ☐ Production, cultivation, growing and harvesting of any agricultural or horticultural products
- ☐ Agricultural education
- ☐ Sale produce on-site or ☐ off-site (see Municipal Code Section 141.0203)

Additional operational details: _____

Describe measures that will be taken to conserve water: _____

Requirements Checklist ✓

- ☐ Possess at least one copy of this application for your records
- ☐ Read contract documents section and understand what will be required for **5-year tax incentive**
- ☐ Prepared to begin urban agriculture operations within 60 days of contract filing

Include With Application

- ☐ Photos of the site, a minimum of one from each corner and images of all structures
 - Please email photos to sdbusiness@sanidiego.gov.
- ☐ Copy of the Grant Deed
- ☐ Copy of the legal description of the property

I CERTIFY THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND THE PROJECT I AM APPLYING FOR MEETS THE ELIGIBILITY REQUIREMENTS LISTED IN THE PROGRAM GUIDELINES. I UNDERSTAND THAT THE CITY'S ACCEPTANCE OF THIS APPLICATION DOES NOT CONSTITUTE ANY OBLIGATION TO ANY APPLICANT AND DOES NOT GUARANTEE APPROVAL.

X _____ Print Name: _____ Date: _____

Mail your UAIZP application package to:

City of San Diego, Economic Development
Urban Agriculture Incentive Zone Program Intake
1200 Third Avenue, 14th Floor
San Diego, CA 92101

The City of San Diego is not responsible for items lost or destroyed in the mail/transit.

For City Staff Use Only

App#:

Received:

- ☐ Between .10 and 3 acres
- ☐ Agricultural use structures only
- ☐ Water meter present on-site, or ☐ review and approved irrigation plan

- ☐ Stormwater approval
- ☐ On-site sales, or ☐ Off-site sales
- ☐ Neighborhood Use Permit required

Notes:

Agriculture contract recorded with County of San Diego No: _____ Date: _____